U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

2 Name and address of a second filling	national production Auditorialisated		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Douglas H Dority	Name UFCW International Union		
	Labor Organization File Number 000-056		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 191 Kimmes Lane	Street 1775 K Street, NW		
City Breckenridge	City Washington		
State Colorado ZIP Code + 4 80424	State District of Columbia ZIP Code + 4 20006		
5. Position in labor organization.  President (Retired 2-29-04)			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Ahold USA, Inc.  Trade Name, if any:	Business dinner; amount is based upon a per person charge, which overstates the amount attributable to respondent.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 1385 Hancock St.			
City Quincy	\$230		
State Massachusetts ZIP Code + 4 02169			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Maryly H Monty	On 8-10-05 (941) 223-3195  Date Telephone Number		

Name of Person Filling Douglas Dority	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name UFCW Int'l Union - Industry Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 301 East Ohio Street  City Chicago  State Illinois ZIP Code + 4 60611	9. Business deals with:  a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	The Fund receives contributions from employers according to local union collective bargaining agreements and pays benefits to UFCW members as required by those agreements. The amount in 11.b. reflects approximate 2004 contributions to the plan.  11.b. Approximate dollar value of such dealing. \$8,200,000  12.a. Nature of interest held or income received.  Meals or receptions while attending trustee meetings; amounts are based on per person charges.			
	12.b. Amount. \$171			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing	Douglas	Dority

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Zenith Administrators	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 301 East Ohio St.	c. Employer	
City Chicago		
State Illinois ZIP Code + 4 60611		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Int'l Union - Industry Pension Plan	Zenith is the plan administrator.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 301 East Ohio Street		
City Chicago		
State Illinois ZIP Code + 4 60611	11.b. Approximate dollar value of such dealing.	\$5,800,000
	12.a. Nature of interest held or income received.	
	Meal at trustee meeting.	
·	12.b. Amount.	\$84

Name of Person Filing	Douglas	Dority
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name GESD Capital Partners	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 1450	Supplemental State of the State	
Street 221 Main Street	c. Employer	
City San Francisco		
State California ZIP Code + 4 94105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Industry Pension Fund	The trust invests in GESD pursuant to the decision of a professional investment manager.	
Trade Name, if any: P.O. Box 11102	or a professional investment manage	Δ.
Anticomplete control of the control		
P.O. Box, Bldg., Room No., if any		
Street 301 East Ohio Street		
City Chicago		
beautiful and the state of the		
State Illinois ZIP Code + 4 60611-0102	11.b. Approximate dollar value of such dealing.	\$87,500
	12.a. Nature of interest held or income received.	
	Meal.	
	12.b. Amount.	\$72